



# **Interim Enhanced Surface Water Treatment Rule**

## **Frequently Asked Questions**



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## 1.0 Interim Enhanced Surface Water Treatment Rule

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### 1.1 *Cryptosporidium*

For further information, see the following rule sections:

Citation	Part Title
§141.32(e)(10)	Public Notification
§141.201	Public Notification of Drinking Water Violations
§141.52	Maximum Contaminant Level Goals for Microbiological Contaminants

- Q:** *Why do filtered systems have a Cryptosporidium removal requirement and unfiltered systems do not?*
- A:** Systems that have met the SWTR filtration avoidance criteria must now incorporate *Cryptosporidium* into their watershed protection programs. If a system meeting the SWTR avoidance criteria fails to address *Cryptosporidium* under the IESWTR, they will be required to filter within 18 months to meet the removal requirements. As before, any failure to meet the SWTR avoidance criteria requires filtration within 18 months. More stringent requirements may be placed on systems avoiding filtration in future regulations.
- Q:** *Can a system use UV for Cryptosporidium inactivation and receive credit for it under the IESWTR?*
- A:** A system may use UV; however, it cannot use UV to meet the requirements of the IESWTR. A system must physically remove 99 percent of oocysts using filtration *alone*.
- Q:** *Is an oocyst that is not viable considered to be Cryptosporidium or not?*
- A:** Since the rule requires systems to measure turbidity, not the viability of oocysts, it is not relevant to the enforceable requirements of the rule. Present analytical methods cannot reliably distinguish between oocysts that are infective or viable and those that are not.
- Q:** *What does EPA have in mind in terms of Cryptosporidium controls on the watershed?*
- A:** The same types of prevention measures that have been taken to address *Giardia* may be used to address *Cryptosporidium*. Whether or not additional steps are needed will be determined by an onsite assessment of each watershed, currently conducted by the states on an annual basis. Each water system should assess potential sources of *Cryptosporidium* in its watershed and identify and carry out measures to control the potential adverse impacts on water quality from these sources. Ultimately monitoring should help to determine if these measures have been successful in controlling the sources, but monitoring is not currently required by the regulations due to limitations of the analytical methods.
- Q:** *Does the Cryptosporidium MCLG of zero apply to all species or just Cryptosporidium parvum?*
- A:** The MCLG was set at the genus level because EPA believes that adequate data are not available to determine that only *Cryptosporidium parvum* infects humans.

## 1.2 Disinfection Profiling And Benchmarking

For further information, see the following rule sections:

Citation	Part Title
§141.172(a)	Disinfection Profiling and Benchmarking (Determination of systems required to profile)
§141.172(b)	Disinfection Profiling and Benchmarking (Disinfection profiling)
§141.172(c)	Disinfection Profiling and Benchmarking (Disinfection benchmarking)

- Q:** *Why are systems required to collect TTHM and HAA5 data to determine applicability for disinfection profiling under the IESWTR?*
- A:** For surface water systems that chlorinate, and most do, some of the conditions (e.g. increased disinfectant dose and increased contact time) that accelerate creation of TTHMs and HAA5 are identical to those that increase inactivation ratios for viruses and *Giardia lamblia* cysts. Therefore, it is logical that surface water systems that have elevated TTHMs and/or HAA5 will consider adjusting these variables to reduce the level of disinfection byproducts. Disinfection profiling and benchmarking is designed to ensure such adjustments are not made without giving full consideration of the positive and negative impacts.
- Q:** *Can the TTHM and HAA5 data collected for applicability monitoring be used to qualify for reduced monitoring for the Stage 1 DBPR?*
- A:** The data can be used if the samples were collected at the appropriate location and frequency as required by §141.132(b)(1)(i) (i.e. routine monitoring) and were analyzed by a certified laboratory using approved methods under §141.132 or approved ICR methods. Samples collected for applicability monitoring only do not have to be analyzed by a certified lab, but the lab must use approved ICR analytical methods.
- Q:** *What exactly is meant by consultation with the state for systems making changes to their disinfection process?*
- A:** EPA believes that states will consult relatively extensively with systems making significant changes to disinfection. Most states have extensive procedures in place for approval of water system modifications. The rule does not require the consultation to be a specific process or require specific types of documentation, however, states must describe “how they will consult” in their primacy revision application (§ 142.16(h)).
- Q:** *Will systems be required to calculate another disinfection benchmark after implementation of enhanced coagulation under the Stage 1 DBPR begins?*
- A:** Benchmarking is a one-time provision under the IESWTR. It does not have to be repeated when processes are changed a second time. EPA believes a similar process will be carried out in most states for every change in disinfection.
- Q:** *What if you use one watershed with low levels of DBPPs for x months and then switch to another watershed with higher levels of DBPPs?*
- A:** The system should discuss the change in source with the state and the state should determine if the disinfection profile is representative of normal operating conditions. Although not required by the regulation, the state may choose to have the system perform an additional profile before allowing modifications. Also, the state and system should review the data together to determine its value for decision making and use it accordingly.

- Q:** *May a system use data from many years ago (e.g., 7 or 8 years ago) to develop a disinfection profile under the IESWTR?*
- A:** The rule does not specify which years of data can be grandfathered for profiling, however, a state should carefully review older data to determine if it is still representative of normal operating conditions. The profile must reflect inactivation through the entire treatment plant.
- Q:** *If a system does not have to submit its profile to the state upon completion, how can the state determine if the system is in compliance with this provision?*
- A:** A state will determine system compliance with this provision during the system's sanitary survey.
- Q:** *Does a water system serving 10,000 or more people, which purchases water from a Subpart H system that has decided to go directly to profiling, need to perform applicability monitoring?*
- A:** No, as long as the purchased water is the only Subpart H source serving the system. Both the seller and the purchaser need to inform the state of this decision by December 31, 1999, and should clearly indicate that the purchaser is not performing the applicability monitoring because the seller has decided to go directly to profiling. The state should have documentation that there is an agreement between the seller and purchaser.
- Q:** *How should a system develop a disinfection profile under the IESWTR if it experiences emergency conditions requiring addition of high levels of disinfectants while gathering data?*
- A:** As part of the consultation with the state, the system should note any effect on the benchmark caused by the emergency. An emergency that is only a few hours or days in duration will likely be averaged out, since daily results are part of an average. The system and state should put any unusual situation in proper perspective when consulting over the benchmark and make decisions accordingly.
- Q:** *If a system does not normally operate for 12 consecutive months, how will it collect 4 quarters of applicability monitoring data necessary to determine whether the system is required to profile?*
- A:** Seasonal systems should collect samples for the quarters they operate and base the applicability determination on all available sample data. The system has the option to forego TTHM/HAA5 applicability monitoring and conduct profiling. The disinfection profile would be developed for the months the system is operational.
- Q:** *Is there an advantage for systems to begin monitoring early for TTHM and HAA5?*
- A:** Yes. In addition to addressing the early requirements of the IESWTR for Subpart H systems serving \$10,000, systems will know more about their treatment process, and seasonal variations. EPA would also encourage systems with conventional treatment to initiate TOC monitoring to assess the need to meet treatment technique requirements of the Stage 1 DBPR.
- Q:** *Is switching from gas to liquid (or vice versa) chlorine considered a "significant change" for the purposes of setting a benchmark and consulting with the state?*
- A:** No, switching from gas to liquid, or liquid to gas, chlorine would not be considered a significant change, but states may require notification of such change.
- Q:** *What happens when ICR data has missing values or the state believes the data is not representative? Must this "bad data" still be used to determine if a disinfection profile must be developed?*
- A:** The state may determine whether or not to consider the ICR data "bad." If the state determines that TTHM and HAA5 data are not representative, the state should inform the system and ask the system to collect TTHM and HAA5 data to determine if profiling is necessary.

- Q:** *If a system is planning to switch to ozone for protozoan control and will, as a result, decrease virus inactivation, should the state discourage the system from making this switch?*
- A:** Not necessarily. The state should carefully examine the treatment operations in the system and the source water. The ultimate determination should be made on a case-by-case basis. The *Disinfection Profiling and Benchmarking Guidance Manual* contains more detailed information.
- Q:** *Will there be an electronic template for calculating CT values?*
- A:** An electronic template has been developed and is available with other technical assistance materials related to these rules on EPA's Website ([www.epa.gov/safewater/mdbp/implement.html](http://www.epa.gov/safewater/mdbp/implement.html)).
- Q:** *Since we are putting a burden on the system to develop a disinfection profile can we limit the time of year that monitoring is required to focus on the worst case?*
- A:** No. Affected systems serve 10,000 or more people and generally already collect all or most of the information necessary for developing a profile. Regardless of whether or not they already have the data, the rule requires systems to develop a 1-year disinfection profile (unless the system does not operate year-round; then the profile is developed for the months the seasonal system is operational). The full year is necessary to examine the maximum possible disinfection, water use, and water quality scenarios. In addition, the full year of data will provide information to the systems on seasonal strategies to achieve compliance.
- Q:** *If a system is on reduced monitoring for TTHM, does it have to return to routine monitoring for the applicability monitoring under the IESWTR?*
- A:** No, for the purpose of applicability monitoring, the system may remain on reduced monitoring for TTHM samples. EPA believes that the samples, because they are taken at a point in the distribution system that represents the maximum residence time, are a worst case sample. Systems are however, required to take 4 quarters of routine samples for HAA5 for the profiling applicability monitoring, as most non-ICR systems have not monitored for HAA5.
- Q:** *What if a system has some HAA5 data but not four samples per plant (incomplete data)? Do they have to collect more samples to see if disinfection profiling is necessary?*
- A:** The system would have to collect a full data set meeting the requirements of the rule or notify the state by December 31, 1999 that they will go directly to profiling.
- Q:** *If initial TTHM and HAA5 levels suggest that the final annual average will exceed the levels that trigger disinfection profiling, can a system go directly to profiling, or must they complete the monitoring?*
- A:** The system can go directly to profiling. It must, however, notify the state in writing of its intent to do so by December 31, 1999.
- Q:** *Is there any difference in the requirements for calculation of Giardia lamblia and virus inactivation between the IESWTR's disinfection profiling requirements and the SWTR's requirements?*
- A:** The Surface Water Treatment Rule requires Subpart H systems to show they meet a minimum level of inactivation for *Giardia lamblia* and viruses, but only unfiltered systems are required to use the CT procedure. However, many systems exceed the minimum requirements by a large margin. The IESWTR, on the other hand, requires systems to show the inactivation achievable through the entire treatment plant (from point(s) of disinfectant application to the first user). When systems are considering changes to disinfection practices, this showing of full inactivation potential is important for ascertaining the full impact of those changes on microbial protection.



- Q:** *If a system needs to temporarily increase its chlorine levels in response to an emergency during the year of the disinfection profile—is the profile still valid?*
- A:** Yes, the profile would still be valid. The profile should cover each day the system is operating and short-term increases in disinfectant levels should have little effect on the final benchmark. Systems and states can put unusual circumstances in perspective when they consult over a disinfection benchmark.
- Q:** *Under the disinfection profiling and benchmarking provisions of the IESWTR, must a system take TTHM and HAA5 samples at the same time? If the system wishes to use grandfathered data, do the data have to have been collected at the same time?*
- A:** EPA intends to liberally interpret the “at the same time” provisions of §141.172 such that TTHM and HAA5 samples would be deemed acceptable for applicability determinations if they are collected during the same four quarters.
- Q:** *What is the consequence of “failure to develop a profile”?*
- A:** If a system is required to develop a disinfection profile under the provisions of §141.172 and fails to do so, this failure would constitute a treatment technique violation.
- Q:** *Can a state approve a treatment change while the profiling requirement is in place but before profiling is complete? What about treatment changes already approved?*
- A:** The requirement to prepare a disinfection profile is triggered by elevated levels of TTHMs or HAA5 pursuant to §141.172(a)(6), or by notification of the state of its intent to comply with the disinfection profiling requirement as if the applicability monitoring had been conducted and the results required the preparation of the disinfection profile. Once the profiling requirement has been triggered, no significant changes can be made to the system’s disinfection practices without consultation with the state. However, the state can consult with the system and allow changes they determine to be appropriate prior to beginning or completing the disinfection profile. The EPA recognizes that it may not always be practical to postpone necessary changes in disinfection practices until completion of the profile.
- Q:** *Can a system use 6 months of ICR data and 6 months of monitoring data if the state approves it as better than the final 12 months of ICR data?*
- A:** Yes, a system would be able to use this data if approved by the state as a more representative data set under the provisions of §141.172 (a)(4) or (5)(v).
- Q:** *Under §141.172(b)(2), a system with more than one point of disinfection must conduct monitoring at each disinfection segment to measure pH, temperature, and CT values. Can a system use data from a worst case scenario (maximum flow) to satisfy this requirement?*
- A:** The rule requires that monitoring be performed at each disinfection segment. The *Disinfection Profiling and Benchmarking Guidance Manual* contains more detailed information.
- Q:** *Can states use a different method to calculate a disinfection profile?*
- A:** States must require systems to develop disinfection profiles as provided in §141.172(b)(4) and (5). States always have the option to adopt rules that are equally or more stringent to those of EPA. This option offers the possibility that state’s might develop alternative procedures that EPA could find to be equally stringent and protective of public health.
- Q:** *There is a note in the Guidance Manual for Compliance With the Filtration and Disinfection Requirements for PWSs Using Surface Water Sources that the CT values for inactivation of viruses by chloramines expressed in Table E-13 are suitable for use only with systems that add chlorine prior to ammonia. Is this true and, if so, why?*
- A:** The above referenced guidance manual was specifically designed to aid systems in complying with the SWTR, not the IESWTR. As explained in the guidance, the CT values in Table E-13

were based directly on experimental data developed using preformed chloramines to determine inactivation of Hepatitis A Virus (HAV). HAV is less resistant to preformed chloramines than are some other viruses including rotavirus. Rotavirus is, on the other hand, very sensitive to free chlorine and, in field practices where chlorine is added prior to ammonia, it was assumed there would be sufficient contact time with free chlorine to inactivate the rotavirus. When preformed chloramines are used or when ammonia is added prior to chlorine, the free chlorine will not be available for inactivation of rotavirus. For these reasons, Table E-13 should not be used to determine compliance with the inactivation requirements of the SWTR when ammonia is added prior to chlorine or when preformed chloramines are used. The guidance manual suggests that inactivation studies be performed in these cases to ensure adequate inactivation of viruses. The IESWTR, however, requires development of a disinfection profile so a disinfection benchmark can be calculated. Changes in disinfection practices are then to be measured against the benchmark to ensure that there is no unintended reduction in microbial protection when systems change disinfection practices to comply with the Stage 1 DBPR. For the purpose of developing a disinfection profile, the data in Table E-13 is acceptable as long as all profiles and subsequent benchmarks are developed in a similar manner so that comparisons of benchmarks are consistent.

### 1.3 Turbidity Standards (Combined Filter Effluent)

For further information, see the following rule sections:

Citation	Part Title
§141.73(a)(3)	Filtration
§141.173(a), (b)	Filtration

**Q:** *In terms of compliance with the combined filter effluent turbidity levels, does 0.3 NTU really mean 0.349 NTU and does 1 NTU really mean 1.49 NTU?*

**A:** Yes, due to rounding of significant figures.

**Q:** *A system may substitute continuous turbidity monitoring for grab sample monitoring every four hours. Which results of the continuous monitoring would the system report?*

**A:** The system is required to record results every four hours. Each month, the system must report the total number of filtered water turbidity measurements recorded, the number and percentage of the recorded measurements taken which are less than or equal to 0.3 NTU, and the date and value of recorded measurements greater than 1 NTU.

### 1.4 Individual Filter Provisions

For further information, see the following rule sections:

Citation	Part Title
§141.174(a), (b)	Filtration Sampling Requirements
§141.175(a), (b)	Reporting and Recordkeeping Requirements
§142.16(g)(1)	Special Primacy Requirements

**Q:** *As a system brings filters on line, at different times, do they need separate timers on each filter or can they take all readings on the quarter hour (i.e. 3:00, 3:15, 3:30, etc.)?*

**A:** Taking all readings on the quarter hour would meet the intent of the rule.

- Q:** *Is particle counting an adequate substitute for continuous turbidity monitoring?*
- A:** No, particle counting may not be used as a substitute for continuous turbidity monitoring. However, EPA encourages the use of particle counters for optimization of process control.
- Q:** *Some package plants and/or filters are constructed so that it is not possible to install the continuous turbidimeters on each filter bed and perform this monitoring. How do you resolve this issue?*
- A:** Individual filter monitoring is a requirement of the rule for all Subpart H systems serving 10,000 or more persons that use conventional or direct filtration. This is to ensure public health protection for the maximum number of people. Configurations which do not allow for such plumbing, such as a Greenleaf Filter Plant or certain automatic backwash filters, can be considered one filter and can monitor the combined effluent from the unit every 15 minutes to determine compliance with the individual filter requirements. Systems which believe that they fall under this category should consult with the state. However, it is likely that some of these plants/filters are plumbed such that they can install turbidimeters on individual filters, and therefore should.
- Q:** *What if a plant exceeds a turbidity trigger for an individual filter while performing filter to waste? Does this need to be reported? Is it a violation?*
- A:** The turbidity requirements apply only to water that will become part of the combined filter effluent of the plant. Filtered wastewater turbidity does not need to be measured or reported and should not have violations associated with it.
- Q:** *Does each filter need its own turbidimeter or can several filters be connected to one turbidimeter?*
- A:** The rule doesn't preclude the use of a single turbidimeter to measure and record the turbidity of multiple filters. A state would have to find that this would be an appropriate methodology for measuring and recording compliance with the individual filter reporting and recordkeeping requirements.
- Q:** *When a system exceeds the rule-established individual filter turbidity trigger levels in two consecutive measurements taken 15 minutes apart, certain corrective actions are required to be completed within designated time frames. When does the clock start running on those time limits?*
- A:** The time for completing the necessary corrective actions begins immediately after the second of the two measurements that exceed the "trigger" level.
- Q:** *How should a system deal with spiked turbidimeter readings for hours (sometimes as many as 12 hours) after the turbidimeter (not the filter it is monitoring) has been cleaned?*
- A:** EPA believes that the duration of these kinds of spiked readings should normally be a matter of minutes, not hours. A turbidimeter returning inaccurate readings for more than a few minutes should be overhauled or replaced. In the event that inaccurate spikes lasted for a longer period of time, the system would have the option of measuring and recording turbidity at 15 minute intervals using a bench top turbidimeter until the on-line unit returned to normal.
- Q:** *If a system is required to have a Comprehensive Performance Evaluation (CPE) conducted by the state or a third party, is the system liable if the state or third party does not conduct the CPE within 90 days (and the delay is clearly the fault of the state or third party, not the system)?*
- A:** If the Comprehensive Performance Evaluation is not completed and the report submitted to the state within 90 days, a violation is triggered and must be reported. However, the state can exercise its discretion on what enforcement action is taken.

When the state chooses to perform the CPE and is unable to do so within the time frame established by the rule, it has the authority to issue an administrative order that includes the establishment of a more appropriate compliance schedule.

- Q:** *Is there a limit to the number of CPEs that can be triggered by ongoing compliance problems?*  
**A:** The rule does not specify the number of CPEs that are required in response to turbidity limits that trigger Section 141.175(b)(4) multiple times for problems with individual filters (turbidity levels of > 2.0 NTU in two consecutive measurements in each of two consecutive months.) One CPE is adequate until that CPE has been completed and the appropriate corrective actions taken. The CPE must be completed within the time limits established by the rule for the initial exceedence.

In cases where the causes of individual filter turbidity problems are not easily and quickly correctable, the system should consider negotiating with the state to enter into an enforcement action such as an administrative order with a mutually agreeable set of actions leading to compliance within an established compliance schedule. Compliance with the administrative order would limit the system's liability for having additional CPEs conducted after one had been done to identify performance limiting factors.

- Q:** *If a turbidity exceedence is caused by a failure of the turbidimeter, does it still have to be reported?*  
**A:** High turbidity readings that are caused by cleaning and purging a turbidimeter, etc. and that are not indicative of finished water quality do not have to be reported as treatment technique violations and do not trigger the corrective actions of §141.175(b)(1) - (4). However, the system must keep a written record of the readings, the cause of the turbidimeter failure, and why the readings have been deemed inaccurate. When possible, bench top measurements should be made to provide confirmation of the system's reasons for deleting and/or replacing measurements.

## 1.5 Alternative Filtration Technologies

For further information, see the following rule sections:

Citation	Part Title
§141.73(d)	Filtration
§141.173(b)	Filtration

- Q:** *Why are diatomaceous earth and slow sand filters not required to meet the more stringent turbidity requirements of the IESWTR?*  
**A:** Slow sand and DE systems, because of their filtration effectiveness, are assumed to already meet the 2-log removal for *Cryptosporidium* under the existing requirements of the SWTR. Therefore, they are not required to meet more stringent requirements under the IESWTR.
- Q:** *Will a state have to re-evaluate alternative filtration technologies previously approved under the 1989 SWTR for the purposes of the Cryptosporidium removal requirements of the IESWTR?*  
**A:** Yes, states will have to re-evaluate alternative filtration technologies previously approved under the SWTR in order to determine whether they are capable of 2 log removal of *Cryptosporidium* cysts. The rule only requires this re-evaluation for alternative technologies that have been approved at Subpart H systems serving 10,000 or more people.

- Q:** *How will a state approve an alternative filtration technology that reduces the turbidity to levels that cannot be reliably measured using turbidimeters? How will the PWS determine compliance with the IESWTR turbidity requirements?*
- A:** States are required by §142.16(g)(iv) to explain how they plan to approve alternative technologies and establish turbidity performance requirements for such technologies. The state would approve the above-referenced alternative filtration technology in the same manner it would use for other technologies that might be less effective in terms of turbidity removal and would then establish performance standards that would ensure appropriate inactivation/removal of *Giardia lamblia* and viruses and removal of *Cryptosporidium*. For purposes of compliance it would not be necessary to measure down to the level of actual turbidity removal. It is only necessary to accurately measure turbidity at the levels established by the state as performance standards for the technology. The state may require an equally stringent performance requirement such as frequent integrity testing for membrane systems.
- Q:** *Can states allow log removal credit for GWUDI systems for natural filtration? Can EPA develop a criteria for providing credit for natural filtration?*
- A:** States have the discretion to consider “natural filtration” an alternative technology. Examples where this might be appropriate are well designed off-stream infiltration galleries and Ranney collectors. Pursuant to §141.173(b) the system would have to demonstrate to the state that it consistently achieves 99.9 percent removal and/or inactivation of *Giardia lamblia* cysts, 99.99 percent removal and/or inactivation of viruses, and 99 percent removal of *Cryptosporidium* oocysts. The state would then have to establish performance standards that ensure the removal and inactivation requirements are achieved.  
EPA has not developed guidance for establishing criteria for providing credit for natural filtration.
- Q:** *Are contact absorption clarifiers and dissolved air floatation considered sedimentation in the conventional filtration process as defined in 141.2?*
- A:** The state has the flexibility to consider these processes as part of the conventional filtration process. However, once the process has been categorized, the state should be consistent in implementation for all their systems. If these processes are not classified as part of conventional filtration, they are considered alternative filtration technologies and must meet the regulatory provisions that address those technologies.

## **2.0 General Program Requirements**

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### **2.1 Primacy**

- Q:** *If the state has a blanket letter from the Attorney General that covers all regulations, does it have to get a new letter specifically for the IESWTR?*
- A:** Yes. States would not be able to use a letter from the Attorney General that provided certification of rules not in existence at the time the certification letter was written. The certification would also have to confirm that there are no state audit laws preventing enforcement of the rules.
- Q:** *Do you need to adopt the PWS definition (if applicable) and obtain administrative penalty authority in order to receive interim primacy for the IESWTR?*
- A:** A state is eligible for interim primacy for new regulations provided they have primacy or interim primacy for all existing regulations. At a time when multiple regulations are being promulgated, a state qualifies for interim primacy for each rule as the rules are adopted by the state as long as the time period allowed for adoption (two years plus up to a two year extension, if applicable) has not expired. For example, even though the CCR was promulgated before the IESWTR, a state can obtain interim primacy for the IESWTR before the CCR, as long as the deadline to adopt the

CCR has not passed. However, if time period allow for adoption of the CCR has passed and the state has not adopted the CCR, then the state would not be eligible for interim primacy for the IESWTR.

**Q:** *Are states going to have to revisit their GWUDI determinations due to the addition of Cryptosporidium to the definition of GWUDI and the Cryptosporidium removal requirements of the IESWTR?*

**A:** No, the processes used by states to identify GWUDI under the existing SWTR would still apply. When identifying GWUDI, states use a process that considers indicators that cysts might be present and does not look specifically for cysts. Even though *Cryptosporidium* oocysts are different from *Giardia* cysts, the process is not required to be updated.

**Q:** *Can states “bundle” regulations in their primacy revision package?*

**A:** Yes, states may combine two or more rules in one primacy revision package provided that the states’ adoption of the rules falls within the statutory two year period and two year extension period, if applicable.

**Q:** *May a state adopt the IESWTR by reference?*

**A:** Yes, if the state law allows this. However, the state will still need to address the special primacy requirements which give the state flexibility and discretion in meeting certain requirements.

**Q:** *Our State’s Attorney General does not have the authority to approve regulations. Will this be a problem for us in terms of obtaining primacy for new rules?*

**A:** EPA does not require the state’s Attorney General to provide approval of regulations adopted for purposes of the state achieving primacy under these rules. The requirement is for a statement by the Attorney General, or the primacy agency’s attorney if it has independent legal council, that the laws and regulations adopted by the state were duly adopted and are enforceable.

## **2.2 Violations, SDWIS Reporting and SNC Definitions**

**Q:** *If a system receives 2 treatment technique violations in 1 month, is that counted as two TT violations toward SNC?*

**A:** Yes.

**Q:** *How frequently are SNC determinations made? Can a system potentially receive a SNC designation every month? every quarter? every year?*

**A:** Significant Non-Compliance (SNC) determinations for all rules, including the Interim Enhanced Surface Water Treatment Rule (IESWTR) and the Stage 1 Disinfectants/Disinfection Byproducts Rule (DBPR), are made once per quarter, compounding over a rolling four quarter period. SDWIS guidance states that these determinations are made on the first day of the month following the end of the quarter which covers the 12 month compliance period which ended the previous quarter.

**Q:** *The IESWTR does not require systems to gather applicability data. How can you give a system a M/R violation for not doing so?*

**A:** Failure to gather applicability data is not a federally reportable monitoring and reporting violation. However, if a system does not conduct applicability monitoring, it must notify the state of this election, in writing, not later than December 31, 1999 and must (1) begin developing a disinfection profile not later than March 31, 2000, or (2) obtain state approval to use three years of existing operational data to create a profile. Failure to profile is a treatment technique violation.

**Q:** *If a system does not profile and is required to, what kind of violation is it?*

**A:** Failure to profile is a treatment technique violation.

- Q:** *If a system can receive an SNC designation for failure to conduct disinfection profiling under the IESWTR, how can the system return to compliance if profiling is a one-time provision?*
- A:** Failure to develop a disinfection profile during the required timeframe is a treatment technique violation. A system can return to compliance by developing a disinfection profile. Once completed, the system must retain the disinfection profile data in an acceptable format for review as part of the sanitary surveys and consult with the state before making a significant change to its disinfection practice.

### **2.3 Qualified Operators**

- Q:** *There is a requirement of the SWTR that the systems be operated by qualified personnel. What if the system has a membrane plant that is not operated on a full time basis? EPA has not mandated the number of hours in a operating cycle and systems have been installing membrane plants to prevent being required to have a full-time operator.*
- A:** Both the Surface Water Treatment Rule and the Stage 1 Disinfectants/Disinfection Byproducts Rule require regulated systems to be operated by qualified personnel who meet the requirements specified by the state and are included in a state register of qualified operators. The rules do not, however, address the amount of time qualified operators are required to spend on site at the plant. EPA believes that this type of determinations should be left to the states' discretion.
- Q:** *Who in the state must maintain the list of qualified operators? Is it acceptable if the Public Water Supply Supervision Program (PWSS) does not maintain the list, but another agency in the state does?*
- A:** Yes, it is acceptable for a state agency other than the primacy agency to maintain the state's register of qualified operators. It is essential, however, for the PWSS Program to have access to that register.